

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
FRESNO DIVISION**

Case No.

Plaintiffs,

VS.

Defendants.

CO-SUCCESSOR IN INT. DECL. DOUG FAHRNI  
*Fahrni, et al. v. County of Tulare, et al.*  
Case No.

COUNTY OF TULARE )

1

# **EXHIBIT A**

## CERTIFICATION OF VITAL RECORD

OFFICE OF VITAL RECORDS

## COUNTY OF TULARE

TULARE, CALIFORNIA

3052022194678

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERNATES  
(V-1 REV 3/00)

3202254002222

1. NAME OF DECEDENT - FIRST (Given) <b>KELSI</b>		2. MIDDLE <b>-</b>		3. LAST (Family) <b>FAHRNI</b>	
4. DATE OF BIRTH mm/dd/yyyy <b>08/24/1992</b>					
5. AGE Yrs <b>29</b>					
6. SEX <b>F</b>					
7. DATE OF DEATH mm/dd/yyyy <b>08/12/2022</b>					
8. HOUR (24 hours) <b>1508</b>					
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>					
10. SOCIAL SECURITY NUMBER <b>619-58-1632</b>					
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
12. MARITAL STATUS/SDOP at time of death <b>NEVER MARRIED</b>					
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>					
14/15. WAS DECEDENT HISpanic/LATINO/aSPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>ATTENDANT</b>					
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>MOVIE THEATER</b>					
19. YEARS IN OCCUPATION <b>1</b>					
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>1308 N DUNWORTH CT</b>					
21. CITY <b>VISALIA</b>					
22. COUNTY/PROVINCE <b>TULARE</b>					
23. ZIP CODE <b>93292</b>					
24. YEARS IN COUNTY <b>29</b>					
25. STATE/FOREIGN COUNTRY <b>CA</b>					
26. INFORMANT'S NAME, RELATIONSHIP <b>TIFFANY FAHRNI, MOTHER</b>					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>1308 N DUNWORTH CT, VISALIA, CA 93292</b>					
28. NAME OF SURVIVING SPOUSE/SDOP - FIRST <b>-</b>					
29. MIDDLE <b>-</b>					
30. LAST (BIRTH NAME) <b>-</b>					
31. NAME OF FATHER/PARENT - FIRST <b>DOUG</b>					
32. MIDDLE <b>-</b>					
33. LAST <b>FAHRNI</b>					
34. BIRTH STATE <b>CA</b>					
35. NAME OF MOTHER/PARENT - FIRST <b>TIFFANY</b>					
36. MIDDLE <b>-</b>					
37. LAST (BIRTH NAME) <b>NASH</b>					
38. BIRTH STATE <b>CA</b>					
39. DISPOSITION DATE mm/dd/yyyy <b>08/24/2022</b>					
40. PLACE OF FINAL DISPOSITION <b>RES-TIFFANY FAHRNI 1308 N DUNWORTH CT, VISALIA, CA 93292</b>					
41. TYPE OF DISPOSITION(S) <b>CREMATE/RESIDENCE</b>					
42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>					
43. LICENSE NUMBER <b>-</b>					
44. NAME OF FUNERAL ESTABLISHMENT <b>STERLING &amp; SMITH FUNERAL HOME</b>					
45. LICENSE NUMBER <b>FD2106</b>					
46. SIGNATURE OF LOCAL REGISTRAR <b>KAREN HAUGHT MD</b>					
47. DATE mm/dd/yyyy <b>08/23/2022</b>					
101. PLACE OF DEATH <b>ADULT PRE-TRIAL FACILITY - FND</b>					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EDVOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Other					
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Home/LTC <input type="checkbox"/> Home					
104. COUNTY <b>TULARE</b>					
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>36650 ROAD 112</b>					
106. CITY <b>VISALIA</b>					
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>HANGING</b>					
108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109. BODIES PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>					
113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Declarant Attested Since Decedent Last Seen Alive					
115. SIGNATURE AND TITLE OF CERTIFIER <b>KAREN HAUGHT MD</b>					
116. LICENSE NUMBER <b>500428101</b>					
117. DATE mm/dd/yyyy <b>08/23/2022</b>					
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
119. INJURED AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
120. INJURY DATE mm/dd/yyyy <b>08/12/2022</b>					
121. HOUR (24 hours) <b>1438 EST</b>					
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>OTHER: ADULT PRE-TRIAL FACILITY</b>					
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>THE DECEDENT TOOK HER OWN LIFE BY LIGATURE HANGING.</b>					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>ADULT PRE-TRIAL FACILITY 36650 ROAD 112 VISALIA, CA 93291</b>					
125. SIGNATURE OF CORONER / DEPUTY CORONER <b>K ZANINOVICH</b>					
126. DATE mm/dd/yyyy <b>08/23/2022</b>					
127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>K ZANINOVICH, DEP CORONER</b>					

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF TULARE

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, COUNTY OF TULARE HEALTH AND HUMAN SERVICE AGENCY.

DATE ISSUED  
**AUG 29 2022**Karen Haught, M.D., M.P.H., Tulare County Health Officer  
Registrar of Vital Statistics

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE